

Instructions on Calculating Medicaid Patient Volume for Eligible Professionals

- 1. For Medicaid Patient Volume, EPs must document the number of <u>Medicaid Encounters</u> and <u>All Encounters</u> for a representative, continuous 90-day period in the preceding calendar year OR in the previous 12-month period.
- 2. Medicaid Patient Volume Formula for EPs:

Medicaid Patient Volume = Medicaid Encounters * All Encounters * 100

A <u>Medicaid Encounter</u> is defined as any one day where services were rendered to a Medicaid-enrolled individual, **regardless** of payment liability. Zero-pay claims and CHIP encounters can be included. Charitable care or care to needy patients **must not** be included in the Medicaid Encounter count. Services rendered to dually-eligible members can be included. **Exception**: EPs practicing in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) may include as Medicaid Encounters charitable care and care to needy individuals.

<u>All Encounters</u> is defined as all services on any one day for any single individual regardless of payment status.

3. **Group Practice**

EPs are allowed to use patient volume calculations at the group practice level when it is appropriate as a patient volume calculation methodology and when the following criteria are met:

- 1. There is an auditable data source to support the group's patient volume calculations
- 2. All EPs in the group use the same methodology for the payment year
- 3. The group uses the entire practice's patient volume and does not limit patient volume in any way
- 4. If an EP works outside of the clinic or practice, then the patient volume calculation includes only those encounters associated with the group practice and not the EP's outside encounters.
- 4. To be eligible for an incentive payment, an EP must meet one of the following criteria:
 - Have a minimum 30% Medicaid patient volume

- Have a minimum 20% Medicaid patient volume and be a pediatrician
- Practice predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) and have a minimum 30% patient volume that includes Medicaid patients and needy patients.